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Erasmus Mundus Master Course in Emergency and Critical Care Nursing

Erasmus Mundus Master Course in Emergency and Critical Care Nursing (EMMECC NURSING)

"Levels of Burnout among EU & ICU Nurses- Addis Ababa, Ethiopia: A Cross-sectional Descriptive Study"

Yavello Nataye Yatasa, BScN

10.02.2014

Master's Thesis

UNIVERSIDAD OVIEDO

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Antti Niemi, Doctor of Philosophy from Helsinki, Metropolia University of Applied Science, and principal lecturer as Professor of the Erasmus Master Course in Emergency and Critical Care Nursing, or Associate Center of the Consortium.

CERTIFY/IES:

That the Master´s Thesis submitted by Mr. Yavello Nataye Yatasa, entitled "Levels of burnout among EU & ICU Nurses-Addis Ababa, Ethiopia: A cross-sectional descriptive study", carried out under the supervision of Dr. Antti Niemi in the Erasmus Master Course in Emergency and Critical Care Nursing, meets the necessary requirements to be approved as a Master´s Thesis.

And for the record, and for the relevant purposes, the present certification is issued in Oviedo, on February 10, 2014

Vº Bº

Antti Niemi, PhD

Tutor of the Project

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List of Abbreviations

BOS: Burnout Syndrome

DP: Depersonalization

EE: Emotional exhaustion

EMMECC: Erasmus Mundus Master in Emergency and Critical Care

EU: Emergency Unit

HSS: Human Services Survey

ICU: Intensive Care Unit

IPDs: Inpatient Departments

MBI: Maslach's Burnout Inventory

MBI-ES: Maslach's Burnout Inventory Educational Survey

MBI-GS: Maslach's Burnout Inventory General Survey

MBI-HSS: Maslach's Burnout Inventory Human Services Survey

NICU: Neonatal Intensive Care Unit

OLBI: Oldenburg Burnout Inventory

OPDs: Outpatient Departments

PA: Personal achievement

Abstract

Background: Nursing is a stressful profession that deals with human aspects of health and illness and can ultimately lead to burnout and job dissatisfaction. The profession is not only physically demanding while dealing with human health and function, but also necessitates the use mental energy and leads to mental exhaustion when one is continuously exposed to stressful events and situations which eventually leads to burnout.

Aim: To identify and describe levels of burnout and its association with individual & work area related characteristics among nurses working in emergency & intensive care units of hospitals in Addis Ababa.

Methodology: A cross-sectional descriptive study was conducted using structured self-administered questionnaire among emergency & intensive care nurses working in 11 hospitals in Addis Ababa.

Results: A total of 297 questionnaires were distributed with response rate of 58.92%, which totals 175 participants. Forty-four nurses (25.2%), 25 (14.3%) nurses and 30 (17.1%) nurses in the study had high levels of emotional exhaustion (EE) and depersonalization (DP), and low personal achievement (PA) respectively, which shows that a significant number of participants had high levels of burnout. Means of EE & DP were slightly higher among men where these two dimensions showed decrement with increased age. Lower EE & DP were recoded among diploma nurses compared to participants holding bachelor's degree. Significant numbers of participant nurses have

perceived their health status (9.1%), quality of life (9.1%) and job satisfaction (16.6%) as poor. Slightly more than 46% participants reported headache, over 38% backache, and over 31% reported sleep disorders as a consequence of their job stress. A statistically significant negative correlation was found between EE and perception of health status (ρ=-0.238, α=0.001).

Conclusion: This study presents a strong evidence that a significant proportion of nurses experience mental and physiological disturbances due to the stress from their jobs, in hospitals of Addis Ababa.

Keywords: Burnout; Nursing; Emergency; Intensive care

1. Introduction

1.1. Background and Statement of the Problem

Nursing is considered to be one of the most stressful professions among the human services professions. The essence that makes this profession much more stressful than other human services professions is that the nature of the profession itself, in that it needs compassion and involvement beyond physical care giving. According to Sabbah & colleagues (2012), nursing is a stressful profession that deals with human aspects of health and illness and can ultimately lead to job dissatisfaction and burnout. The profession is not only physically demanding while dealing with human health and function, but it also necessitates the use mental energy and leads to mental exhaustion when one is continuously exposed to stressful events and situations. This mental exhaustion is what partly defines burnout.

Burnout is a concept that can be defined differently by different individuals. Before it got standardized definition by Maslach (1982), different people used the term to mean different things. According to Maslach, burnout is a state of emotional exhaustion, depersonalization and reduced sense of personal accomplishment that occurs among individuals who work with people in some capacity as result of chronic exposure to stress resulting from human interaction. As a human services profession, nursing is among the professions where professionals involved are highly exposed to conditions that cause the experience of burnout.

Burnout has negative consequences on the professionals involved in such jobs. Different researches identified that burnout causes sense of reduced effectiveness, decreased motivation, and dysfunctional behavior and attitudes at work. It has also been associated with insomnia, perceptions of physical exhaustion, and increased substance abuse (Naude & Rothmann, 2004). This situation can lead to compromised social interaction, not only at work place but also in the community where the nurses belong which may negatively impact the social and family lives of the professionals. The impact may also extend to harmful consequences in patient care like medication errors and lack of appropriate attention to the care receivers. Naude & Rothmann (2004), also reported that the negative consequences of burnout are far beyond personal. Burnout has also been associated with reduced organizational efficiency and work-related problems such as employee turnover, low morale, poor quality of care, lowered productivity, absenteeism and interpersonal problems. This means that, the situation may lead to the extent it can affect the reputation of the health care facilities because in most cases health care facilities are evaluated by communities through the quality of health care they provide and the trust that can be placed into its professionals.

Emergency and Critical care and intensive care units of health care institutions are areas of high psychological demand and exposure to more stressors compared to other units within health care facilities. In emergency and critical care units life and death issues are dealt with at a very rapid pace (Naude & Rothmann, 2004), which is a mentally draining task. Nursing staff working in such demanding areas are often continually faced with heavy demands of pity, sympathy and compassion (Gillespie &

Melby, 2003). In 1996 Maslach indicated that persons who continually work with people under such circumstances find that the chronic stress can be emotionally draining and can lead to burnout(as cited in Gillespie & Melby, 2003). Ersoy-Kart (2009) also indicated that exposure to psychosocial risk factors such as heavy workloads, violent, abusive or seriously ill patients as is commonly happening in emergency and critical care may alter physical and psychological well-being of involved heath care professionals and eventually lead to burnout when the situation is not properly alleviated.

It has been empirically shown to be related to certain characteristics of the job environment, such as the stressful conditions prevalent in the health care setting particularly in emergency and critical care areas, including exposure to death and dying, interpersonal conflict, and noise pollution have been found to increase burnout among nurses (Beckstead, 2002). Emergency and critical care nursing is a stressful work area that deals with human aspects of health and illness, and can ultimately lead to job dissatisfaction and burnout.

Over the past three decades interest in burnout among managers and academics has dramatically increased as its significant negative impacts on employees, service consumers & organizations were revealed (Nayeri, Negarandeh, Vaismoradi, Ahmadi, & Faghihzadeh, 2009; Akkus, Karacan, Goker & Aksu, 2010). Even though burnout has been studied and described among different professional groups including healthcare professionals, this phenomenon is of special interest to nursing, because nurses work under limited time pressures, exposure to new and different technologies, interacting

with many people and situational deficiencies regarding job safety (Akkus, Karacan, Goker & Aksu, 2010).

Burnout among human service professionals, such as nurses, has also been studied in various countries for years using the Maslach Burnout Inventory (MBI) (Beckstead, 2002). In recent years there has been increasing attention to the well-being of health care professionals besides patient safety including nurses (Jordan, Fenwick, Slavin, Sidebothan & Gamble, 2013).

Despite the existence of numerous studies conducted regarding burnout in Europe, the US, Australia, parts of Africa and Asia, there are no researches conducted on this issue of interest particularly in Ethiopia. Therefore, this study aims to assess levels of burnout and associated factors among nurses working in emergency and intensive care units of hospitals in Addis Ababa, the capital city of Ethiopia.

1.2. Significance of the study

This study was conducted to provide baseline information about levels of burnout and factors related among Ethiopian nurses. Its findings are significant venture in promoting psychological heath of nursing staff and thereby delivery of better and more efficient health care by minimizing fatal medication and therapeutic errors, staff turnover, and work area absenteeism and conflict which will in turn believed to contribute to the effectiveness and productivity of heath care facilities in responding to societal needs.

Moreover, results of this study will help health care institutions; particularly hospitals

to recognize factors related to burnout in nursing staff & help them take corrective measures in attempt to improve the health status of their employees as well as to improve efficiency and quality of care rendered to win health care market by improving these factors. Patients and service seekers usually choose hospitals that deliver safe & high quality care.

2. Literature Review

2.1. Burnout: Definition, History and Measurements

According to Maslach and colleagues (2001), burnout is a prolonged response to a chronic emotional and interpersonal stressors on job, and is defined by three dimensions of exhaustion, cynicism, and inefficacy. It is clearly indicated that when there is prolonged exposure to those emotional and interpersonal stressors through time personal energy is drained and the person finally develops emotional exhaustion, depersonalization feelings and feelings of inability to achieve personal goals at work.

The initial articles related to burnout first appeared in the mid-1970s in the United States and their primary contributions was to describe the basic phenomenon, give it a name and show that it is not an uncommon response (Maslach, Schaufeli, & Leiter, 2001; Kanste, Miettunen, & Kyngas, 2006). The concept was related to the experiences of people who work in human service and health care when it first appeared in scientific papers (Kanste, Miettunen, & Kyngas, 2006). Maslach and colleagues (2001) indicated that those first written articles were works by Freudenberger in 1975, a psychiatrist working in an alternative health care agency and her own work of 1976, as a social psychologist who was by then making investigation on emotions in the work place. As observed in those pioneer scientific works on the concept of burnout, it is a concept that closely related to occupations directed at providing aid and services to people in need, which can highly characterized by emotional and interpersonal stressors. Maslach and colleagues clearly stated that burnout research had its roots in care-giving and service occupations, in which the core of the job was the relationship between care

provider and the recipient (Maslach, Schaufeli, & Leiter, 2001). Jobs involving human interactions usually involve emotional engagement, especially when the recipient of the care is in need of aid or support as it is the primary issue in nursing profession. Provision of care for individuals with ill health is always emotionally engaging and hence chronically predisposes to stressors, the main cause of burnout.

The questionnaire based empirical study of burnout was started in 1980s as a result of development of several different measuring instruments including the Maslach's Burnout Inventory (MBI) developed by Maslach and Jackson (1981). The most recently developed and proposed as an alternative scale for Maslach's Burnout Inventory (MBI) is the Oldenburg Burnout Inventory (OLBI) by Demerouti & Bakker (2007).

The Maslach's Burnout Inventory assesses all three core dimensions; exhaustion, cynicism and inefficacy. The instrument is designed for three different occupational categories; MBI-HSS, the human services survey which developed to assess burnout in professionals in human services such nursing; MBI-ES, educational survey which designed to assess burnout in educational professionals and MBI-GS, general survey which is designed to assess burnout in general working populations. In both MBI-HSS & MBI-ES, the labels for the three dimensions reflect the focus on occupations where the workers interact extensively with people such as patients, clients, students, etc. The MBI-HSS consists of 22 items that are subcategorized into the three dimensions (Maslach, Schaufeli, & Leiter, 2001).

2.2. Theories & Developmental Models of Burnout

Several folk theories about the development of burnout emerged from the interviews of the earliest pioneering phase of research. One theory is that it is the best and most idealistic workers who experience burnout—as captured in the common phrase, “You have to have been on fire in order to burn out.” The notion here is that such dedicated people end up doing too much in support of their ideals, thus leading to exhaustion and eventual cynicism when their sacrifice has not been sufficient to achieve their goals. A second theory is that burnout is the end result of long exposure to chronic job stressors. Consequently, burnout ought to occur later in people’s careers, rather than earlier, and it should be relatively stable over time if people stay in the same job. There has also been debate about whether burnout results from overload (i.e. too many demands with too few resources) or from underload that is tedium and monotony (Maslach, Schaufeli, & Leiter, 2001).

After the identification of the three dimensions of burnout syndrome, several developmental models were presented in these dimensional terms. The phase model proposed that each of the three dimensions can be split into high and low scores, so that all possible combinations of the three dimensions resulted in eight patterns, or phases, of burnout (Golembiewski & Munzenrider, 1988). Research based on the phase model has established that the progression of phases from low to high burnout is correlated with worsening indices of both work and personal wellbeing (Maslach, Schaufeli, & Leiter, 2001).

Another model of the three dimensions hypothesized a different sequential progression over time, in which the occurrence of one dimension precipitates the development of another. According to this model, exhaustion occurs first, leading to the development of cynicism, which leads subsequently to inefficacy. For example, a study of hospital nurses yielded the following sequence: 1) Stressful interactions with supervisors increase the workers' feelings of exhaustion; 2) high levels of exhaustion lead to cynicism, especially if workers lack supportive contact with their coworkers; 3) as cynicism persists, the workers' feelings of efficacy diminish, although supportive contact with coworkers may help to decelerate this process (Leiter & Maslach, 1988).

In general sense, the research on burnout has established the sequential link from exhaustion to cynicism but the subsequent link to inefficacy is less clear, with data supporting a simultaneous development of this third dimension rather than a sequential one. Data from repeated researches on burnout scores are fairly stable over time, which supports the notions that burnout is a prolonged responses to chronic job stressors (Maslach, Schaufeli & Leiter, 2001).

2.3. Burnout and Nursing Profession

Nurses compose the largest segment of employees in the global healthcare industry. Consistent with findings in other professions, nurses are susceptible to burnout. Previous researches in the area of nursing showed that greater work-related stress is often linked to increase in emotional exhaustion (EE) in hospital nurses (Beckstead, 2002).

Nursing is a stressful profession that deals with human aspects of health and illness, and can ultimately lead to job dissatisfaction and burnout (Sabbah(s), Akoum, & Droubi, 2012). It is also indicated that in the course of their career, nurses have to face many stressors, such as organizational restructuring and downsizing, inadequate pay, lack of social recognition, heavy workload, inadequate preparation to meet emotional needs of patients and family, and exposure to death and dying (McVicar, 2003). Prevalence of burnout among nurses has been estimated between 2% and 10% (Pisanti, Lombardo, Lucidi, Violani, & Lazzari, 2013).

Besides, it is not unreasonable to expect nurses burnout to interfere with the nurse's performance and consequently with the care process. According to Garman, Corrigan & Morris (2002), burnout may lead to intent to change work involvement, to leave the workforce, and high turnover rates.

In the literature there has been studies dealing with stress and burnout related to different hospital wards and among nurses having different specialties. Escriba-Aguir, Martin-Baena & Perez-Hoyos (2006) have pointed out that nurses working in emergency wards are facing a number of psychosocial risk factors due to the nature of their work. These psychosocial risk factors can include workload, not having social support, not having much spare time, unmanageable working rotation, patients with serious illnesses etc. These psychosocial risk factors can have a disadvantageous effect on the nurses' physical and mental health, and their well-being which eventually leads to burnout (Gombor, 2009).

Similarly, researchers have identified factors in the working environment which have been associated with stress, burnout and poorer health for nurses. These identified working factors have for example been a lack of control over one's work, high working demands, lack of support in the working interactions, to deal with death and dying, lack of important health care resources, and extreme workload (Gombor, 2009). Environmental factors which have been found to have a negative effect on nurses' stress and health have for example been unhelpful family members, novelty of situations, a feeling of not giving the appropriate level of care, time pressure; negative relationships with doctors, colleagues and supervisors, and handling the balance between work and family (Gombor, 2009). Gombor also reported that personal factors such as self-esteem & marital status were also found to influence nurses stress level, burnout & health in other studies.

Specifically, studies showed that intensive care units (ICUs) are characterized by a high level of work-related stress, a factor known to increase the risk of burnout syndrome (BOS) where high rates of severe BOS were reported (Embriaco, Papazian, Kentish-Barnes, Pochard, & Azoulay, 2007). Those researchers also indicated that, BOS is associated with decreased well-being among nursing staff members, decreased quality of care, and costs related to absenteeism and high turnover, all of which have particularly devastating consequences in the ICU.

Burnout causes many unwanted consequences on the professionals. It is associated with a lower effectiveness at work, a decreased job satisfaction and a reduced commitment to the job or the organization, and intention to leave one's job. In recent

French studies, about 60% of intensive care nurses who exhibited a high level of burnout, wished to leave their jobs (Embriaco, Papazian, Kentish-Barnes, Pochard, & Azoulay, 2007). In the same study population, symptoms of depression and poor quality of private life were also reported in relation to severe burnout. This same study reported that high levels of burn out in nurses led to patient dissatisfaction, and existence high risks of work area conflicts as reported by Embriaco, Papazian, Kentish-Barnes, Pochard, & Azoulay (2007).

Nurses may experience varying symptoms of burnout, such as reduced self-esteem; lack of confidence; poor job satisfaction; inability to relax and enjoy life; inability to keep things in perspective and form balanced judgments (Gillespie & Melby, 2003). By its nature nursing is a caring profession that usually needs emotional attachment to the care receiver. The description by some scholars that burnout is a disease of over commitment (Gillespie & Melby, 2003) can apply to nursing, because of the behavior it creates in the professionals.

2.4. Outcomes of Previous Burnout Studies

The significance of burnout, both for the individual and the workplace, lies in its links to important outcomes. Most of the outcomes that have been studied have been ones related to job performance, professional health outcomes, work environment related characteristics, and individual factors (Maslach, Schaufeli, & Leiter, 2001). Because burnout is associated with those remediable factors including demands at work, nurses' autonomy and social support in the workplace, measuring burnout has important practical applications (Pisanti, Lombardo, Lucidi, Violani, & Lazzari, 2013).

Measuring levels of burnout and contributing factors is important and can come up with practical solutions that are specific to the work environment where the study is carried out, and hence may lead to improvement in quality of care delivered, administrative protocols and personal health of the professionals.

Job performance: As described earlier burnout has association with job related factors such as absenteeism, intentions to leave the job and actual turn over. However, for those professionals who decide to stay on their jobs it leads to low productivity and low effectiveness at work. Consequently, it is associated with reduced job satisfaction and decreased commitment to the job or organization. Burnout in relation to job is contagious in that professionals experiencing burnout can have negative impact on their colleagues both by causing greater personal conflicts and by disrupting job tasks (Maslach, Schaufeli, & Leiter, 2001).

Professionals' health status: Among the three dimensions of burnout the emotional exhaustions dimension is more predictive of the stress-related health outcomes (Maslach, Schaufeli, & Leiter, 2001). These physiological correlates mirror those found with other indices of prolonged stress. Parallel findings have been found for the link between burnout and various forms of substance abuse (Gillespie & Melby, 2003; Maslach, Schaufeli, & Leiter, 2001).

In terms of mental health, the link with burnout is more complex. A more common assumption has been that burnout causes mental dysfunction—that is, it precipitates

negative effects in terms of mental health, such as anxiety, depression, drops in self-esteem, etc. (Maslach, Schaufeli, & Leiter, 2001).

Job characteristics: Too much work for the available time have been studied by many burnout researchers, and the findings support the general notion that burnout is a response to overload. Experienced workload and time pressure are strongly and consistently related to burnout, particularly the exhaustion dimension (Maslach, Schaufeli, & Leiter, 2001).

Organizational characteristics: organizations undergo a lot of changes, such as downsizing and mergers that have had significant effects on the lives of their employees (McVicar, 2003).

Demographic characteristics: Of all the demographic variables that have been studied, age is the one that has been most consistently related to burnout. Among younger employees the level of burnout is reported to be higher than it is among those over 30 or 40 years old. (Maslach, Schaufeli, & Leiter, 2001).

Personality characteristics: People who display low levels of hardiness such as involvement in daily activities, a sense of control over events, and openness to change have higher burnout scores, particularly on the exhaustion dimension. It is also higher among people who have an external locus of control that is those attributing events and achievements to powerful others or to chance, rather than an internal locus of control that is attributions to one's own ability and effort and similar results have been reported on coping styles and burnout (Maslach, Schaufeli, & Leiter, 2001).

Job attitude: People vary in the expectations they bring to their job. Presumably, high expectations lead people to work too hard and do too much, thus leading to exhaustion and eventual cynicism when the high effort does not yield the expected results (Maslach, Schaufeli, & Leiter, 2001).

3. Purpose, Aim & Objectives of the Study

3.1. Purpose of the study

The general purpose of this study was directed towards improving psychological & emotional health of nursing staff working in emergency and critical care units through the identification of factors related to emotional health and recommendation of alleviation methods to concerned administrative bodies of the organizations where the nursing staff is working.

3.2. Aim of the study

The main aim of this study was to identify and describe levels burnout and its association with individual & work area related characteristics among nurses working in emergency & intensive care units of hospitals in Addis Ababa.

3.3. Specific Objectives of the study

1. To asses levels of burnout among emergency and critical care nurses in Addis Ababa.
2. To identify personal & work area related factors contributing to burnout among emergency and critical care nurses in Addis Ababa.
3. To describe the association between personal & work area related factors, and levels of burnout among emergency and critical care nurses in Addis Ababa.

4. Methods & Materials

4.1. Study area & Period

The study was conducted in Addis Ababa, the capital city of Ethiopia. Addis Ababa lies at an altitude of 2,300 meters above sea level and is located at 9º1'48''N 38º44'24''E. In Addis Ababa there are about 33 hospitals comprising about 20 private, 10 public 1 NGO and 2 owned by other companies. According to 2011 data there are 981 BSc nurses and 1988 diploma nurses working in those institutions. The ratio of all nurses to the population in Addis Ababa is approximately 1 to 942 people considering that the estimated total population is 2,975,608 people in 2011. It is anticipated that the work burden of nurses in public hospitals is not the same as those nurses working in private hospitals with different impact levels on their physical, psychological and social health.

The study was conducted between the months, June and December, 2013.

4.2. Study design

Cross-sectional descriptive study design was employed in this study to describe levels of burnout and associated factors among emergency and intensive care unit nurses working in hospitals of Addis Ababa.

4.3. Source population

The source population for this study was all nurses who are currently working in emergency and intensive care units of hospitals in Addis Ababa.

4.3.1. Inclusion Criteria

Nurses working in emergency and intensive care units; nurses with work experience of at least 12 months or more in these mentioned units; and nurses available in these mentioned units during data collection period and willing to participate in the study.

4.3.1. Exclusion Criteria

Nurses working in areas other than emergency, critical care and intensive care units such as outpatient departments (OPDs), inpatient departments (IPDs) or wards and other departments; Nurses working in emergency, critical care and intensive care units but on sick, study or other leaves during the data collection period; nurses working in emergency, critical care and intensive care units but with work experience of less than 12 months; and those not willing to participate in the study.

4.4. Study population

The study population for this study was all nurses working in emergency and intensive care units of randomly selected hospitals in Addis Ababa and are meeting the inclusion criteria and willing to participate in the study.

4.5. Sample size

The sample size of the study was a total of 297 nurses working in emergency and intensive care units of randomly selected 11 hospitals and willing to participate in the study.

4.6. Sampling procedure

A random sampling technique was employed to draw the sample size from among 33 hospitals currently functioning in Addis Ababa, which is number of hospitals included in the study. One-third of the hospitals (i.e. 11) were randomly selected and considered to participate in the study. Seven hospitals were from the public (Black lion hospital EU=42, ICU=29, NICU=16; St Paul hospital EU=20, ICU=11, NICU=12; Zewditu memorial hospital EU=19, ICU=8, NICU=12; Amanuel hospital EU=16; Menilik II memorial hospital EU=3; St Peter hospital EU=5, Ras Desta memorial hospital EU=7, ICU=8) and four from non-public hospitals (Bethezata hospital EU=13, ICU=3; Grum hospital EU=8, NICU=10; Bethel hospital EU=8, ICU=12; Korean hospital EU=7, ICU=20, NICU=8). All the nurses in those selected hospitals (total=297) were included in the study based on their consent.

4.7. Data collection procedures

Data was collected through the distribution of structured self-administered questionnaire. The principal investigator was responsible for the distribution of the self-administered questionnaire to all nurses meeting the selection criteria and willing to participate in the study after briefly presenting the study purpose and consenting the individual nurses, in all selected hospitals. Non respondents were encouraged to fill in the questionnaire and revisited at least twice. The respondents were encouraged to respond to all items in the questionnaire with in the time they devoted as much as possible to minimize large non-response rate.

4.8. Data collection tools

The instrument was prepared in English and then translated to Amharic, where back translation approach was carried out as follow to maintain consistency of meaning between the source language and the target language: (1) Source language [English] instrument was translated by a bilingual individual to a target language [Amharic] instrument; (2) Target language instrument was translated back to the source language instrument by a second bilingual individual; (3) Comparison of the original source instrument with the back translated source language instrument was made; and (4) Finally a new target language instrument was produced that incorporated modifications designed to eliminate differences.

To assess nurse characteristics and work area related characteristics, objective questions were prepared by the principal investigator. The questions were then used to obtain demographic data relevant to the study. Participants were asked to provide information with regard to their age, gender, marital status, educational level, title of work, area of work and years of experience, sector of employment, shift duty, work overload, health status perception, quality of life perception, satisfaction with work and finally intention to leave work within the next 12 months.

To assess levels of burnout, the English version of Maslach's Burnout Inventory-Human Services Survey (MBI-HSS) was used, which comprises 22 items regrouped into 3 subscales: emotional exhaustion (EE; nine items), depersonalization (DP; five items), and personal accomplishment (PA; eight items). Each item was answered on a 7-point Likert scale ranging from "never" (= 0) to "daily" (= 6). The results of the

inventory were consisted of three separate scores, one for each factor or subscales. A combination of high scores on EE and DP, and a low score on PA, were considered to correspond to a high level of burnout. Scores were considered high if they are in upper third of normative distribution, middle if they are in the middle third and low if they are in the lower third. The MBI-HSS is a self-administered questionnaire, has been reliable and valid, easy to administer, and takes 10 - 15 minutes to fill out. Together with nurse characteristics and work area related characteristics the questionnaire was designed in a way that it will not to take more than 20 minutes all together.

4.9. Study variables

Dependent variable: Levels of burnout

Independent variable: Personal characteristics such as age, gender, marital status, educational level, years of work experience, health status perception, quality of life perception, satisfaction with work and intention to leave work within the next 12 months; Work area related characteristics such as title of work, area of work, sector of employment, shift duty, and work overload.

4.10. Operational definitions

Burnout: a psychological condition characterized by emotional exhaustion (EE), depersonalization (DP) and low personal achievements (PA).

High levels of burnout: high scores on emotional exhaustion (EE) and depersonalization (DP) subscales, and a low score on personal achievement (PA) subscale. Scores

greater than mean value were considered higher scores for EE and DP subscales, and score less than mean value were considered low score for PA subscale.

Low levels of burnout: low scores on emotional exhaustion (EE) and depersonalization (DP) subscales, and a high score on personal achievement (PA) subscale. Scores less than mean value were considered low scores for EE and DP subscales, and score greater than mean value were considered high score for PA subscale.

Non-public hospital: a hospital whose funding source is other than public such as private, NGO, and non-profit agencies.

4.11. Data analysis procedures

Data was cleaned, coded and analyzed using SPSS version 21 software package. To explain the study population in relation to relevant variables, descriptive statistics such as means, frequencies, and percentages were calculated. Associations between dependent and independent variables were tested using non-parametric correlation tests and presented in tables. P-values less than 0.05 were considered to be statistically significant in all cases.

4.12. Data Quality Control

The principal investigator was responsible for the whole data collection process. He collected the completed questionnaires from the participant nurses, and checked each part of the instrument for missed values and completeness on daily basis. Data cleaning was done manually by removing the instruments with missing values.

4.13. Ethical consideration

Letter of cooperation request was obtained from faculty of health care and nursing, Helsinki Metropolia University of Applied Sciences, and delivered to Addis Ababa city administration health bureau in order to get letter of cooperation for each of the hospitals included in the study.

The study did not incur any cost or expenses on the study participants apart from time cost. There were no potential risks that have caused any harm in any form to the study participants. Letter of cooperation was given to secure permission of access to the hospitals included in the study. After obtaining permission from the hospital directors, & unit coordinators, informed (verbal) consents were obtained from the study participants, and participants were also provided with information about the objectives and expected outcomes of the study. Informations obtained from individual participants were kept secure and confidential. Names and other identifying data of respondents were made anonymous or eliminated throughout the study process to maintain confidentiality.

4.14. Dissemination of results

At the end of the study, the results will be presented to Erasmus Mundus Emergency & Critical care Nursing Consortium professors as a requirement for partial fulfillment of master's degree in Emergency & Critical Care Nursing. The result of the study will also be communicated to the hospitals where the study is conducted in Addis Ababa, Ethiopia. The findings will also be presented in different seminars, meetings and workshops and published in a scientific journal. Hard and soft copies of the study

findings will also be made available in the libraries of nursing schools of the consortium institutions in order it can be accessed by graduate students and other concerned readers & researchers.

5. Results

5.1. Nurses' characteristics

A total of 297 questionnaires were distributed to emergency and critical care nurses with a response rate of 58.92%. Two-third of the participants were females where as one-third were males. The majority of participants were between the ages of 20-29 which accounted for nearly three-quarters of the total participants. Likewise more than two-third of the participants were singles, with nearly similar number working in public hospitals. The professional experience of the more than half of the participants (57.1%) was not more than 2 years in their respective units of work. The majority of respondents were from EUs whereas the least respondents were from mental health EU and NICU. With regard to their educational level more than half, 45.7% and nearly 1% were educated at diploma, bachelor's degree and master's degree levels respectively. The majority of them (81.7%) were working as staff nurses where are the rest are working at specialist and head/supervisor positions. With regard to working shifts, more than three-quarters were in alternating shift, 21.7% in day shift and only 1.7% in night shift (*refer to table 1 below*).

Table 1**:** Nurses' characteristics and Mean (SD) of emotional exhaustion (EE), depersonalization (DP) and personal achievement (PA), Addis Ababa, Ethiopia, July-August, 2013.

Nurses characteristics (N=175)	**N (%)**	**Mean (SD) of MBI-HSS sub-scales score**		
		EE	**DP**	**PA**
Gender				
Male	59 (33.7)	18.85 (12.88)	7.80 (6.87)*	37.70 (7.68)
Female	116 (66.3)	17.99 (13.67)	5.52 (6.23)	38.72 (8.76)
Age				
20-29 Years	128(73.1)	19.82 (13.58)**	6.45 (6.77)	38.74 (8.23)

30-39 Years	37(21.1)	15.54 (12.40)	6.70 (6.05)	36.57 (9.58)
40-49 Years	8(4.6)	10.88 (8.37)	3.00 (4.24)	40.00 (4.40)
>=50 Years	2 (1.2)	- [a]	1.00 (1.41)	42.00 (8.49)
Marital status				
Single	114(65.1)	18.62 (13.70)	6.50 (6.57)	38.89 (8.10)
Married	58(33.1)	18.24 (12.84)	5.93 (6.52)	37.34 (9.17)
Divorced	3(1.8)	6.00 (5.20)	5.33 (6.80)	39.00 (2.00)
Employment sector				
Public	118(67.4)	19.81 (14.01)*	7.60 (6.96)**	37.55 (8.78)*
Non-public	57(32.6)	15.11 (11.42)	3.56 (4.47)	40.09 (7.34)
Service area (unit)				
Adult EU	62(35.4)	19.77 (13.53)	7.68 (6.99)	38.47 (6.46)
Pediatric EU	67(38.3)	20.80 (14.58)	7.10 (4.82)	33.40 (12.72)
Mental Health EU	10(5.7)	13.44 (8.14)	3.26 (4.37)	35.00 (14.82)
ICU(Adult & Pedi)	27(15.4)	18.37 (13.54)	5.34 (6.20)	39.21 (7.10)
NICU	9(5.2)	15.30 (13.51)	11.89 (7.64)	39.07 (10.37)
Service years				
<=2 Years	100(57.1)	17.08 (12.89)	6.43 (6.30)	39.12 (8.22)
3-5 Years	53(30.3)	21.64 (13.20)	6.45 (7.12)	38.83 (7.06)
6-10 Years	13(7.4)	16.38 (16.76)	3.08 (3.55)	32.15 (11.72)
11-15 Years	2(1.2)	12.50 (2.12)	9.50 (9.19)	30.00 (16.97)
>=15 Years	7(4.0)	15.14 (14.77)	8.00 (8.47)	38.29 (7.67)
Education level				
Diploma	93(53.1)	16.15 (11.94)	5.38 (5.99)	39.74 (8.26)**
Bachelor's degree	80(45.7)	21.11 (14.47)	7.49 (6.98)	36.79 (8.32)
Master's degree	2(1.2)	4.00 (1.41)	0.50 (0.70)	38.50 (13.44)
Working job title				
Staff Nurse	143(81.7)	18.71 (13.07)*	6.28 (6.43)	38.83 (8.17)
Specialist Nurse	15(8.6)	17.13 (15.34)	5.40 (7.75)	33.73 (11.45)
Head/Supervisor Nurse	17(9.7)	15.71 (14.58)	7.12 (6.47)	38.65 (6.19)
Working duty shift				
Day Shift	38(21.7)	18.87 (15.33)	6.84 (7.00)	37.11 (9.59)
Night Shift	3(1.7)	34.33 (5.86)	13.33 (10.07)	31.00 (4.58)
Alternating Shift	134(76.6)	17.75 (12.72)	5.97 (6.26)	38.90 (8.04)
Presence of work load				
Yes	164(92.0)	18.88 (13.16)	6. 37 (6.44)	38.42 (8.20)
No	14(8.0)	11.43 (14.39)	5.36 (7.64)	37.86 (10.80)
Intention to leave work within next 12 months				
Yes	54(30.9)	26.15 (13.54)	7.47 (6.76)	38.75 (8.10)
No	52(29.7)	11.98 (11.28)	5.88 (6.36)	36.98 (10.60)
I don't know	69(39.4)	17.00 (11.82)	5.69 (6.43)	39.12 (6.60)

Notes: a. Emotional exhaustion is constant when age of the respondent in years >=50 years and there for has been omitted; ** Correlation is significant at the 0.01 level (2-tailed); * Correlation is significant at the 0.05 level (2-tailed); Blanks in table indicate a non-significant P value for the three subscales in that test.

Ninety-two percent of participants perceive that they work in units where there is excessive workloads. In addition, nearly one-third of the participant nurses have intention to leave their current working unit within the next 12 months. Mean (SD) scores of burnout sub-scales demonstrated that burnout levels are comparatively higher among those who have intention to leave their work place than those who have no plan currently even though there are no statistically significant associations between the intention to leave work and dimensions of burnout (*refer to table 1 above*).

5.2. Reliability Test of the Amharic Version of the Instrument

The reliability of the Amharic language version of the MBI-HSS was assessed by test of internal consistency using Crombach's alpha (α) coefficient. Scales with reliabilities of 0.70 or higher are recommended for comparing participant groups. The overall reliability coefficient (α) for the all 22 items of the instrument is found to be 0.796, which is within recommended range for reliability of the instrument (See table 2 below).

Table 2: Reliability (Crombach's α) of the Amharic language version of MBI-HSS.

Items (22)	**Corrected Item-Total Correlation**	**Cronbach's Alpha if Item Deleted**
Scale ´MBI-HSS Amharic Version´ Cronbach's Alpha 0.796		
I feel emotionally drained from my work.	0.578	0.774
I feel used up at the end of the workday.	0.544	0.777
I feel fatigued when I get up in the morning and have to face another day on the job.	0.559	0.775
I can easily understand how my recipients feel about things.	0.269	0.792
I feel I treat some recipients as if they were impersonal objects.	0.229	0.794
Working with people all day is really a strain for me.	0.461	0.781
I deal very effectively with the problems of my recipients.	0.154	0.797
I feel burned out from my work.	0.575	0.774
I feel I'm positively influencing other people's lives through my work.	0.229	0.795
I've become more callous toward people since I took this job.	0.390	0.786

I worry that this job is hardening me emotionally.	0.401	0.785
I feel very energetic.	0.067	0.803
I feel frustrated by my job.	0.586	0.774
I feel I'm working too hard on my job.	0.465	0.781
I don't really care what happens to some recipients.	0.346	0.788
Working with people directly puts too much stress on me.	0.382	0.786
I can easily create a relaxed atmosphere with my recipients.	0.111	0.801
I feel exhilarated after working closely with my recipients.	0.013	0.802
I have accomplished many worthwhile things in this job.	0.239	0.793
I feel like I'm at the end of my rope.	0.513	0.780
In my work, I deal with emotional problems very calmly.	0.054	0.802
I feel recipients blame me for some of their problems.	0.265	0.793

5.3. Nurses' Characteristics and Means of MBI-HSS Sub-scales

Means of emotional exhaustion (EE) and depersonalization (DP) are slightly higher with slightly lower personal achievement (PA) among male participants than female participants. Age-wise, EE & DP decreased while PA increased with increment in age. With respect to marital status there is no significant difference between means of EE & DP among singles and married but a slight decrement in PA among married participants. EE & DP are higher with lower PA among nurses working in public hospitals than those working non-public hospitals. EE is higher relatively among pediatric and adult EU nurses and lower among mental health EU and NICU nurses. DP is higher among NICU nurses and lower among mental health EU and ICU nurses. EE is highest among those with work experience less than 5 years and lowest among those with work experience of 11-15 years. Unexpectedly, DP is highest among those with work experience of 11-15 years and lowest among those with work experience between 5 and 10 years. PA is highest among those with work experience of less than 5 years and lowest among those with work experience of 11-15 years. Lower EE & DP is recoded among diploma nurses compared to participants holding bachelor's degree

whereas minimal EE & DP is recoded among those with master's degree. PA is relatively higher among participants holds nursing diploma than those with bachelor and master's degrees. DP & PA are recorded to be relatively lower among specialist nurses than staff nurses and head/supervising nurses. EE & DP are highest with lowest PA among night shift participants than those participants in day or alternating shifts. EE & DP are slightly higher among those participants who perceive presence of excessive workload in their respective units (*Refer to table 1above*).

5.4. Nurses' levels of burnout

Slightly more than a quarter of participant nurses had high levels of EE whereas 14.3% nurses had high levels of DP and seventeen percent with low PA, which shows that on average a significant number of participants (18.86%) had high levels of burnout. But when we look into the mean values of the sub-scales, the participant nurses had moderate EE, low DP, marginally moderate PA (*refer to table 3 below*).

Table 3: Description of the three sub-scales of MBI-HSS, Addis Ababa, Ethiopia, July-August, 2013.

Sub-scale	K	Mean (SD)	Min-Max	Percentile			Categorization of the MBI-HSS		
				25th	50th	75th	Low N (%)	Moderate N (%)	High N (%)
EE	9	18.28 (13.36)	0-54	7	16	27	88(50.3)	43(24.5)	44(25.2)
DP	5	6.29 (6.53)	0-30	1	4	9	109(62.3)	41(23.4)	25(14.3)
PA	8	38.38 (8.40)	0-48	34	40	45	98(56)	47(26.9)	30(17.1)

Notes & abbreviations: K= number of items; SD= standard deviation; Min= minimum; Max= maximum; N= number individuals; EE= emotional exhaustion: low (<16), moderate (17-26), high (>26); DP=

depersonalization: low (<7), moderate (7-12), high (>12); PA= personal achievement: low (>38), moderate (32-38), high (<32)

5.5. Relationships between MBI-HSS sub-scales and nurses' perception of their health status, quality of life, and satisfaction with job

Significant numbers of participant nurses have perceived their health status (9.1%), quality of life (9.1%) and job satisfaction (16.6%) as poor. A statistically significant (weak) negative correlation is found between EE and perception of health status of participant nurses indicating that nurses who perceived their health status as poor have high levels of emotional exhaustion and vice versa (ρ=-0.238, α=0.001) (*refer to table 4 below*).

Table 4: correlation between nurses' perception of health status, quality of life & job satisfaction, and subscales of MBI-HSS, Addis Ababa, Ethiopia, July-August, 2013.

Nurses' characteristics	**N (%)**			**EE**	**DP**	**PA**
	P	**S**	**G**			
Current health status	16(9.1)	46(26.3)	113(64.6)			
ρ (Spearman's rho)				-0.238**	-0.111	0.117
Sig. (2 tailed)				0.001	0.143	0.124
Current quality of life	16(9.1)	81(46.3)	78(44.6)			
ρ (Spearman's rho)				-0.277**	-0.157**	0.215**
Sig. (2 tailed)				0.000	0.039	0.003
Current job satisfaction	29(16.6)	90(51.4)	56(32.0)			
ρ (Spearman's rho)				-0.383**	-0.214**	0.214**
Sig. (2 tailed)				0.000	0.003	0.005

Notes: ** Correlation is significant at the 0.01 level (2 tailed); N= number; P=poor; S=satisfactory; G=good; EE=emotional exhaustion; DP= depersonalization; PA=personal achievement

Perception of quality of life was also slightly negatively related to EE (ρ=-0.277, α=0.000) & DP (ρ=-0.157, α=0.039) and positively with PA (ρ=0.215, α=0.003) in a weak but statistically significant way, which means nurses that perceive their quality of

life positively experience lower levels of EE and DP with high PA. Job satisfaction is similarly negatively related to EE (ρ=-0.383, α=0.000) and DP (ρ=-0.214, α=0.003) and positively with PA (ρ=0.214, α=0.005), which similarly indicates that nurses who reported high satisfaction with their job had lower levels of EE and DP with high PA (*refer table 4 above*).

Table 5: correlation between health problems experienced by nurses, and subscales of MBI-HSS, Addis Ababa, Ethiopia, July-August, 2013.

Health problem	**N (%)**	**EE**	**DP**	**PA**
Headache ρ (Spearman's rho) Sig. (2 tailed)	81(46.3)	 -0.188* 0.013	 0.013 0.859	 -0.111 0.143
Backache ρ (Spearman's rho) Sig. (2 tailed)	67(38.3)	 -0.099 0.192	 0.102 0.180	 -0.003 0.973
Depression ρ (Spearman's rho) Sig. (2 tailed)	49(28.0)	 -0.183* 0.015	 -0.078 0.306	 0.054 0.478
Insomnia ρ (Spearman's rho) Sig. (2 tailed)	55(31.4)	 -0.215** 0.004	 -0.080 0.294	 -0.053 0.482
Hypertension ρ (Spearman's rho) Sig. (2 tailed)	14 (8.0)	 0.118 0.118	 0.148* 0.050	 -0.034 0.657

Slightly more than 46% participants reported headache, over 38% backache, and over 31% reported sleep disorders as a consequence of their job stress. Weak negative associations were identified between EE and health problems; headache (ρ=-0.188, α=0.013), depression (ρ=-0.183, α=0.015), and insomnia (ρ=-0.215, α=0.004). These

weak statistically significant relationships indicate that the existence of EE causes absence of health and vice versa (*refer to table 5 above*).

6. Discussion

This study was aimed at identifying and describing levels of burnout and associated factors using the MBI-HSS among EU and ICU nurses working in hospitals of Addis Ababa, Ethiopia.

6.1 Levels of burnout according to burnout dimensions

Even though mean (SD) scores of all the three dimensions of burnout indicated moderated level of burnout among the participant nurses, this study has identified a significant number participant nurses with higher levels of burnout, which was demonstrated by high levels of emotional exhaustion in more than a quarter, depersonalization in more than fourteen percent and lower personal achievement in seventeen percent of the nurses. Average score of these three dimensions in the high burnout level category indicated that 18.87% of participant nurses are experiencing high levels of burnout. In one previous study among Spanish nurses, it is reported that 5.15% of total participants had scores in all three dimensions that fall under high burnout category (Risquez et al, 2008). The finding of this study are also consistent with previous studies which indicated that nurses are among the human service professionals that are highly susceptible and affected by burnout syndrome with prevalence estimated between 2% and 10% (Pisanti et al, 2013) because of the nature of their work (Beckstead, 2002; Sabbah et al, 2012). These finding indicates that the prevalence of high levels of burnout among Ethiopian nurses is nearly twice the estimated highest prevalence of high burnout level by Pisanti et al (2013) and more than threefold the high burnout level experienced by the Spanish nurses.

6.2. Burnout dimensions and nurse-related demographic characteristics

This study shows that several nurse characteristics were associated with burnout dimensions among Ethiopian nurses.

DP was higher among male nurses than females. Results of this study have similarity with results of study by Rios Risquez et al (2008) in which male participants obtained higher scores in depersonalization dimension. This may be due to the result of natural difference between male and female gender, the ways in which they understand and handle human emotions. The other two dimensions of burnout, EE & PA has no significant association with gender in this study.

EE & DP were higher with lower PA among nurses of age younger than 30 years compared to their counter parts. These findings are consistent with findings from Maslach et al (2001) and Ayala et al (2013), which indicated the existence of inverse relation between EE & DP dimensions and age of participant. Maslach et al indicated that this is probably due to younger professionals' higher expectation of themselves and being hard on themselves to achieve their expectation whiles undertaking professional responsibilities, which is not always possible (2001).

Nurses with work experiences of more than 5 years reported lower levels of EE than their counter parts, the burnout dimension most commonly experienced by nurses, though statistically not significant. Study by Cameron et al (1994) indicated that nurses with more years of work experiences report lower burnout levels and less likely intention to leave their job position than those with less years of experience. A recent study by

Ayala et al (2013) on acute and critical care nurses come up with similar findings that, there is an inverse relation between emotional exhaustion and work experience, which means as work experience increases, emotional exhaustion decreases.

With regard to marital status, this study has identified no significant difference in scores of burnout dimensions among married and unmarried participants. Mean (SD) scores of burnout dimensions also don't show significant difference. These findings are different from what is reported by Gombor (2009), in which case marital status was found to be influential on nurses' levels of stress and burnout. Study by Sabah et al (2012) indicated that married nurses had higher levels of emotional exhaustion (EE).

Education status of respondents have negative association with PA dimension of burnout, while it has no statistically significant associations with other dimensions, namely EE & DP. Even though there are no statistically significant associations, mean (SD) scores of EE and DP are higher among these with bachelor's degree than diploma nursing, and likewise is the difference in score of PA among the two in opposite direction. Findings in other studies have also indicated higher burnout levels among participants with comparatively higher educational status (Mohammadpoorasl et al, 2012).

Slightly more than 30% of the participants reported intention to leave their current work unit within the next 12 months. EE & DP are reported to be higher among those nurses without statistical significance. A study by Cameron et al (1994) reported that nurses

who showed intention to leave their work place have also experienced more burnout levels.

6.3. Burnout dimensions and work area-related characteristics

The prevalence of two dimensions of burnout, EE and DP are higher among those participants who perceive the presence of excessive workload in their respective units than their counter parts, even though the difference is not statistically significant. Burnout studies have indicated that there is consistent relation between burnout, particularly the emotional exhaustion dimension and experienced workload (Maslach et al, 2001).

EE & DP levels are nearly twice the prevalence of those reported working on day shifts among nurses reported working on nighty duty shifts with lower PA despite the proportion of those nurses on night duty is quite low, however the difference is not statistically significant. Other research report indicated that night shifts may lead to burnouts supporting the results of this study (Almoglu & Donmez, 2005). A report of Sabah et al (2012) study also indicated that DP dimension is higher among nighty duty and rotating nurses.

Nurses in public hospital had higher experiences of EE & DP with lower PA, a statistically significant difference from experiences of nurses working in non-public or private hospitals. These findings contradict with findings from Sabah and colleagues among Lebanese nurses, which indicated that nurses in private hospitals had highest

levels of depersonalization while personal achievement is highest among nurses in public hospitals (Sabah et al, 2012).

6.4. Health problems experienced by participant nurses

With regard to health problems experienced related to job, 46%, 38%, 31% and 28% participant nurses have reported that they had headache, backache, insomnia and depression respectively which are negatively associated with emotional exhaustion except backache. This is an indication that there exists health issues whenever there is EE. Other research findings have also confirmed the relationship between this burnout dimension and existence of physiological and mental health issue among professionals involved (Gillespie & Melby, 2003; Maslach et al, 2001). Decreased well-being among nursing staff was also reported by Embriaco et al (2007) associated with burnout syndrome. It is obvious that the presence of physiological and mental health issues can be indicators of presence of burnout among professionals.

6.5. Burnout dimensions and perceptions of health status, quality of life & job satisfaction

A considerable proportion of participant nurses rated their health status, quality of life and job satisfaction as poor. Statistical tests indicated that there are negative associations between EE & DP, and positive association between PA and perception of quality of life and job satisfaction, whereas, perception of health status had negative association only with EE among the burnout dimensions. Other studies have also similarly indicated existence of statistically significant association between perceptions of health status, quality of life and job satisfaction (Sabah et al, 2012). These findings

shade light on the fact that presence of burnout should be considered as an alarm to threatened professional health, which in turn have unwanted consequences on care receiving customers. As reported by Embriaco et al (2007), burnouts among nursing staff is associated with compromised well-being of professionals which leads to decreased quality of care provided and high turnover, which have serious consequences particularly, in the ICUs.

6.6. Limitation of the study

Relatively smaller sample size as this is the first burnout inventory among the study group in that particular study area is one of the limitations of this study. Even though it was adequate for this analysis, it is not sufficient to carry out more detailed analysis of differences in workplaces and burnout across different hospitals' departments and units. Response rates were differed among different units included in the study. The second limitations is that this study is limited to hospitals in Addis Ababa due limitations of funding. It would have been possible to assess differences between rural and urban area nurses' experiences as well. The other limitations is that this study is a cross-sectional study and can only reflect experiences of nurses at the time of assessment, and therefore, a causal relationship cannot be established between burnout and its predictors. Finally, the absence of another valid reference instrument in Amharic remains a major obstacle to carry out concurrent validity as well as predictive validity.

7. Conclusion

This study presents a strong evidence that a significant proportion of nurses experience mental and physiological disturbances due to the stress from their jobs. An average of 18.86% of the nurses participated in the study reported experience of high levels of burnout with 25.2% high levels of EE, 14.3% high levels of DP and 17.1% low levels of PA. Forty-six percent, 38%, 31% and 28% participant nurses have had headache, backache, insomnia and depression related to their job respectively.

Statistically significant associations where identified between burnout dimensions and many nurses' characteristics including perceptions about their health status, quality of life and satisfaction with job, gender, age and educational levels. Similarly job related characteristics such as employment sector and working job title are also statistically associated with burnout dimensions.

8. Recommendations

Based on the results of this study the following recommendations are forwarded by the author:

Federal ministry of health of Ethiopia and Addis Ababa city administration health bureau should collaboratively work on putting burnout among emergency and critical care staff as priority concern area and work on its prevention and overcoming strategies. They are recommended to develop programs that focus on prevention and reduction of burnout and implement in hospitals under their responsibility and hence improve employee mental health and well-being; improve employee quality of life; and increase motivation to work.

Hospital managements should conduct on-job seminars and workshops on strategies and skills necessary to reduce work related burnouts among staff. Emergency and critical care professionals should be given priority attention because of the nature of the care they render, which is demanding, and emotionally and physiologically draining. We recommend that development of administrative strategies is required to early detect, reduce and prevent burnout among nurses working at emergency and critical care units of hospitals in Addis Ababa, Ethiopia.

Finally, further and rigorous studies are recommended to identify factors that are responsible for and associated with high levels burnout among emergency and critical care nurses in Addis Ababa.

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Appendices

1. Information sheet- English version

Helsinki Metropolia University of Applied Sciences, Faculty of Healthcare and Nursing

Study questionnaire prepared to collect data on levels of burnout and associated factors among nurses working at emergency and intensive care units of hospitals in Addis Ababa.

Hello!

My name is _____. I am here today to collect data on levels of burnout and associated factors in your hospital. The study is being conducted by Mr Yavello Nataye Yatasa from Helsinki Metropolia University of Applied Sciences, Faculty of Health Care and Nursing.

The main aim of this study is to identify and describe levels burnout and its associated factors among nurses working in emergency & intensive care units of hospitals in Addis Ababa.

You are being asked to take part in this study and to respond genuinely. This questionnaire focuses on assessing your feelings related to your work and your interaction with your clients at your work place. Your cooperation and willingness is greatly helpful in identifying problems related to burnout in your work area and proposing solutions. Your name will not be written in this form and will never be used in connection with any information you provide. This questionnaire may take 15 to 20 minutes to complete.

There is no possible risk associated with participating in this study except the time spent for completing the questionnaire. All information given by you will be kept strictly confidential. Your participation is voluntary and you are not obligated to answer any question you do not wish to answer. If you feel discomfort with any of the questions, it is your right to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, please feel free to contact the principal investigator.

Address of the principal investigator:

Mr Yavello Nataye Yatasa

Cell phone: +251 923 25 10 65/916 07 14 41

E-mail: yavanava@hotmail.com or namayato@gmail.com

If you are willing to participate in the study, please proceed to the consent form on the next page.

2. Consent form- English version

In signing this document, I am giving my consent to participate in the study titled "levels of burnout and associated factors among nurses working at emergency and intensive care units of hospitals in Addis Ababa".

I have been informed that the purpose of this study to identify and describe levels burnout and its associated factors among nurses working in emergency & intensive care units. I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks.

I understood that Mr Yavello Nataye is the contact person if I have questions about the study or about my rights as a study participant. The following is his contact address.

Adress of principal investigator: Yavello Nataye Yatasa

Cell phone: +251 923 25 1065/916 07 1441

E-mail: yavanava@hotmail.com/namayato@gmail.com

Participant's signature and date: _____

3. Questionnaire- English version

Helsinki Metropolia University of Applied Sciences Faculty of Healthcare & Nursing

(Erasmus Mundus Master Course in Emergency and Critical Care Nursing)

Questionnaire prepared to assess levels of burnout and associated factors among nurse working at emergency and critical care units in Addis Ababa.

Part I: Nurses' characteristics (personal information).

Instruction: Please circle the number in front of the option you choose.

1/ Sex: 1. Male 2. Female

2/ Age: 1. 20-29 years 2. 30-39 years 3. 40-49 years

4. ≥ 50 years

3/ Current marital status: 1. Single 2. Married 3. Divorced 4. Widowed

4/ Employment sector: 1. Public (governmental) 2. Non-public (non-governmental)

5/ Service area: 1. Emergency care unit 2. Intensive care unit

6/ Service years in emergency or intensive care unit:

1. 2 year or less 2. 3-5 years 3. 6-10 years 4. 11-15 years

5. Greater than 15 years

7/ Current educational level: 1. Diploma nurse 2. BSc nurse 3. Other _____

8/ Job title: 1. Staff nurse 2. Specialist nurse 3. Head/supervisor nurse

9/ Current duty shift: 1. Day shift 2. Night shift 3. Alternate shift

10/ Presence of work overload: 1. Yes 2. No

11/ How do you perceive your current health status? 1. Poor 2. Fair 3. Good

12/ How do you perceive your current quality of life? 1. Poor 2. Fair 3. Good

13/ How do you perceive satisfaction with your work? 1. Poor 2. Fair 3. Good

14/ Do you have plan to leave working at your current unit within the next 12 months?

1. Yes 2. No 3. I don't know

15/ Which of the following health problems have you experienced in relation to your work? (Circle all that apply)

1. Headache 2. Backache 3. Depression 4. Insomnia 5. Hypertension
6. Other _____ (mention here if not in the least)

16/ Which one of the following medication or activities do you use related to your work? (Circle all that apply)

1. Anxiolytics/sleeping pills 2. Analgesic 3. Smoking 4. Physical activity

5. Other _____ (mention here if not in the least)

2. MBI- Human Services Survey

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example

How often:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often

0-6 Statement:

_____

1. _____ I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

MBI-Human Services Survey

How often:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

---

How often

0-6 **Statements:**

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

4. Information sheet (የመረጃ ገጽ) - Amharic version

በሄልሲንኪ ሜትሮፖሊያ የአፕላይድ ሳይንሶች ዩኒቬርሲቲ የጤና ክብካቤና ነርስንግ ፋኩሊቲ

(የ እራስመስ ሙንዱስ ማስተር ኮርስ በድንጉትኛና ጽኑ ህሙማን ክብካቤ ነርስንግ)

በአዲስ አበባ በሚገኙ ሆስፒታሎች በድንገትኛና ጽኑ ህሙማን ክብካቤ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች ለማጥናት የተዘጋጀ የጥናት መጠይቅ::

ሄሎ!

ስሜ _____ ይባላል:: ዛሬ እዚህ ሆስፒታላችሁ የተገኘሁት በነርሶች መሰላቸት እና ተያያዥ ጉዳዮች ዙሪያ ለሚደረገዉ ጥናት መረጃ ለመሰብሰብ ነዉ:: ጥናቱን እያካሄደ ያለው በሄልሲንኪ ሜትሮፖሊያ የአፕላይድ ሳይንሶች ዩኒቬርሲቲ የጤና ክብካቤና ነርስንግ ፋኩሊቲ ተማሪ የሆኑት አቶ ያቬሎ ናታዬ ያታሣ ናቸዉ::

የጥናቱም ዋና ዓላማ በአዲስ አበባ በሚገኙ ሆስፒታሎች በድንገትኛና ጽኑ ህሙማን ክብካቤ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች መለየት እና መተንተን ነዉ::

የጥናቱ ተሳታፊ እንድትሆን/ኚ እና ለሚጠየቁ ጥያቄዎች በታማኝነት ተገቢ ምላሾችን እንድትሰጥ/ጪ ትጠየቃለህ/ሽ:: ይህ መጠይቅ በዋናነት የሚያተኩረዉ ከሥራህ/ሽ ጋር በተያያዘና በሥራ ቦታህ/ሽ ከሚታገኛ/ኚቸዉ ሰዎች ጋር በሚኖርህ/ሽ ግንኙነት የሚሰማህ/ሽን ስሜት መዳሰስ ነዉ:: ያንተ/ቺ ትብብር እና ፈቃድኝነት በሥራ ቦታ መሰላቸትን የሚያመጡ ሁኔታዎችን በመለየቱ ሂዴት ዉስጥ ከፍተኛ እገዛ ያደርጋል:: ስምህ/ሽ በዚህ ፎርም ላይ አይጻፍም እንደዚሁም ደግሞ ከሰጠሄ/ሽዉ መረጃ ጋር በተያያዘ አይነሳም:: ይህን መጠይቅ ሞልቶ ለመጨረስ ከ15-20 ደቂቃ ልፈጅብህ/ሽ ይችላል::

መጠይቁን ለመሙላት ከሚፈጅብህ/ሽ ጊዜ ውጭ በጥናቱ ዉስጥ ተሳታፊ መሆን የሚያስከትልብህ/ሽ ምንም ጉዳት የለም:: የሚትሰጠ/ጭን መረጃ ሙሉ በሙሉ ምስጢራዊነቱ በጥብቅ የተጠበቀ ይሆናል:: ያንተ/ቺ ተሳትፎ ሙሉ በሙሉ በበጎ ፈቃድህ/ሽ ላይ የተመሠረተ ሲሆን ማንኛዉም መመለስ የማትፈልገ/ጊዉን ጥያቄ ለመመለስ አትገደድ/ጅም:: ያልተመቸህ/ሽ ጥያቄ ካለ መተዉ ወይም መዝለል ትችላለህ/ያለሽ:: ስለጥናቱ ጥያቄ ካለህ/ሽ ወይንም ጥናቱ ከተጠናቀቀ በኋላ ውጤቱን ማወቅ ከፈለግህ/ሽ ጥናቱን በዋናነት እያካሄደ ያለዉን አቶ ያቬሎ ናታዬን በሚከተለዉ አድራሻ መጠየቅ ትችላለህ/ያለሽ::

አቶ ያቬሎ ናታዬ

ስልክ (ሞባይል): +251 923 25 10 65/916 07 14 41

ኢሜይል: yavanava@hotmal.com/namayato@gmail.com

በጥናቱ ለመሳተፍ ፈቃደኛ ከሆንህ/ሽ ወደሚቀጥለዉ የፈቃደኝነት ፎርም እለፍ/ፊ

5. Consent form (የፈቃደኝነት ፎርም) - English version

ይህንን ፎርም በመፈርም " *በድንጉትኛና ጽኑ ህመማን ክብካቤ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች በአዲስ አበባ በሚገኙ ሆስፒታሎች*" በሚል ርዕስ እየተካሄደ ባለዉ ጥናት ዉስጥ ተሳታፊ ለመሆን ፈቃደኝነተን አረጋግጣለሁ::

የዚህ ጥናት ዓላማ በድንጉትኛና ጽኑ ህመማን ክብካቤ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች መለየት እና መተንተን መሆኑ ተገልጾልኛል:: በዚህ ጥናት ዉስጥ መሳትፍም ሙሉ በሙሉ በራስ ፈቃደኝነት ላይ የተመሠረተ መሆኑንም ተረድቻለሁ:: የሚሰጠዉም መረጃ ከጥናቱ ዓላማ ዉጪ ለማንም ተላልፎ እንደማይሰጥና ስሜም በማንኛዉም መንገድ እንደማይገለጽ ተነግሮኛል:: በተጨማሪም በዚህ ጥናት ዉስጥ መሳተፍም ሆነ አለመሳተፍ እንድሁም ካልፈለኩኝ ለጥያቄዎቹ ምላሽ አለመስጠት በምንም መልኩ በእኔ ላይ ምንም ተጽዕኖ እንደሌለዉ ተነግሮኛል:: በዚህ ጥናት ዉስጥ ተሳታፊ መሆን በምንም መልኩ ጉዳት እንደማያስከትልብኝ ተረድቻለሁ::

ጥናቱንም በዋናነት እያካሄደ ያለዉ አቶ ያቬሎ ናታዬ መሆኑን እና በማንኛዉም ጊዜ ጥያቄ ሲኖረኝ ወይም ማብራሪያ ስፈልግ በሚከተለዉ አድራሻዉ ላገኘዉ እንደሚችል ጭምር ተገልጾልኝ ተረድቻለሁ::

አቶ ያቬሎ ናታዬ

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ኢሜይል: yavanava@hotmal.com/namayato@gmail.com

የተሳታፊዉ ፊርማና ቀን: _____

6. Questionnaire (መጠይቅ) - English version

በሄልሲንኪ ሜትሮፖሊያ የአፕላይድ ሳይንሶች ዩኒቬርሲቲ የጤና ክብካቤና ነርስንግ ፋኩሊቲ

(የ እራስመስ ሙንዱስ ማስተር ኮርስ በድንገትኛና ጽኑ ህመማን ክብካቤ ነርስንግ)

በአዲስ አበባ በሚገኙ ሆስፒታሎች በድንገትኛና ጽኑ ህመማን ክብካቤ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች ለማጥናት የተዘጋጀ መጠይቅ::

ክፍል 1: የነርሶችየግል ሁኔታ እና የሥራ ሁኔታ የሚዳስስ መጠይቅ::

***መመሪያ*: ትክክለኛ ምርጫዎ ፊት ለፊት ያለዉን ቁጥር ያክብቡ::**

1/ ጾታ: 1. ወንድ 2. ሴት

2/ ዕድሜ: 1. 20-29 ዓመት 2. 30-39 ዓመት 3. 40-49 ዓመት 4. ≥ 50 ዓመት

3/ የአሁን የጋብቻ ሁኔታ: 1. ያላገባ/ች 2. ያገባ/ች 3. የተፋታ/ች 4. ባል/ሚስት በሞት የተለየ/ች

4/ የቅጥር ተቋም: 1. የመንግሥት (የህዝብ) ሆስፒታል 2. የመንግሥት (የህዝብ) ያልሆነ ሆስፒታል

5/ የሥራ ክፍል (ዩኒት): 1. የድንገተኛ ህክምና ክፍል 2. የጽኑ ህመማን ህክምና ክፍል

6/ የአገልግሎት ቆይታ (ዘመን) በድንገተኛ ህክምና ዩኒት ወይም በጽኑ ህመማን ህክምና ዩኒት ዉስጥ:

1. 2 ዓመት እና ከዚያ በታች 2. 3-5 ዓመት 3. 6-10 ዓመት 4. 11-15 ዓመት

5. ከ15 ዓመት በላይ

7/ የአሁን የትምህርት ደረጃ: 1. ድፕሎማ ነርስ 2. ድግሪ ነርስ 3. ሌላ_____

8/ የሥራ ማዕረግ(ታይትል): 1. ስታፍ ነርስ 2. ስፔሻልስት ነርስ 3. ሄድ/ሱፐርቫይዘር ነርስ

9/ የሚሠሩበት ዱቲ ሺፍት: 1. የቀን ሺፍት 2. የሌሊት ሺፍት 3. ተለዋዋጭ ሺፍት

10/ የሥራ ጫና መብዛት: 1. አዎን አለ 2. አይ የለም

11/ አሁን ያለህበ/ሽትን የጤንነት ሁኔታ እንዴት ትገልጸዋለህ/ትገልጭዋለሽ?

1. መልካም (ጥሩ) አይደለም 2. ምንም አይልም 3. መልካም (ጥሩ) ነዉ

12/ የአሁን የህይወትህ/ን ጥራት እንዴት ትገልጸዋለህ?

1. መልካም (ጥሩ) አይደለም 2. ምንም አይልም 3. መልካም (ጥሩ) ነዉ

13/ በአሁኑ ሥራህ ያለህን እርካታ እንዴት ትገልጸዋለህ?

1. መልካም (ጥሩ) አይደለም 2. ምንም አይልም 3. መልካም (ጥሩ) ነዉ

14/ በሚቀጥሉት 12 ወራት ዉስጥ አሁን ያለህበትን የሥራ ክፍል (ዩኒት) የመልቀቅ ዕቅድ አለህ?

1. አዎን አለኝ 2. አይ የለኝም 3. ለጊዜው አላዉቅም

15/ ከሥራህ/ሽ ጋር በተያያዘ ከሚከተሉት ህመሞች የተኞቹ ህመሞች አጋጥመዉሃል/ሻል? (ያጋጠሞትን ሁሉ ያክብቡ:: ምንም ህመም ካላጋጠሞዎ ግን ምንም አያክብቡ)

1. የራስ ምታት (ህመም) 2. የጀርባ ህመም 3. ጭንቀት 4. የእንቅልፍ ችግር

5. የደም ግፊት 6. ሌላ _____ (ከዝርዝሩ ዉስጥ ከሌለ ዳሹ ላይ ይጻፉ)

16/ ከሥራህ/ሽ ጋር በተያያዘ የተኞቹን መድኃኒቶች ተጠቅመሃል/ሻል ወይም የትኞቹን ድርጊቶች አከናዉነሃል/ሻል? (የተጠቀሙትን ሁሉ ያክብቡ:: ምንም ካልተጠቀሙ ግን ምንም አያክብቡ)

1. የእንቅልፍ መድኃኒት 2. የህመም መድኃኒት 3. የጭንቀት መድኃኒት 4. ሥጋራ ማጨስ

5. የአካል ብቃት እንቅስቃሴ ማድረግ 5. ሌላ _____(ከዝርዝሩ ዉስጥ ከሌለ ዳሹ ላይ ይጻፉ)

ክፍል 2: ማስላክ የመሰላቸት መለኪያ- የሰብዓዊ አገልግሎቶች ዳሰሳ::

መመሪያ: በሚከተለዉ ገጽ ላይ ከሥራ ጋር የተያያዙ ስሜቶችን የሚገልጹ 22 ዓረፍተ ነገሮች ይገኛሉ:: እያንዳንዱን ዓረፍተ ነገር በጥንቃቄ ካነበቡ በኋላ ስለሥራዎ እነዚህ ስሜቶች ተሰምተዎት ያዉቁ እንደሆነ ያስቡ:: እያንዳንዱ ዓረፍተ ነገር የሚገልጸዉ ስሜት ተሰምተዎት የማያዉቅ ከሆነ ዓረፍተ ነገሩ ፊት ለፊት ባለዉ ባዶ ቦታ ላይ "0" (ዘሮ)ን ይጻፉ:: ስሜቱ ተሰምቶዎት የሚያዉቅ ከሆነ ምን ያህል ጊዜ እንደተሰማዎት ከ1-6 ያሉትን ቁጥሮች ተጠቅመዉ እያንዳንዱ ዓረፍተ ነገር ፊት ለፊት ባለዉ ባዶ ቦታ ላይ በመጻፍ ይግለጹ:: ከዚህ ቀጥሎ የቀረበዉን ምሣሌ ይመልከቱ::

ምሣሌ:-

ምን ያህል ጊዜ:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	ተሰምቶኝ አያዉቅም	በዓመት ጥቂት ጊዜ ወይም ከዚያ ላነሰ ጊዜ	በወር አንዴ ወይም ከዚያ ላነሰ ጊዜ	በወር ጥቂት ጊዜ	በሳምንት አንዴ	በሳምንት ጥቂት ጊዜ	በየቀኑ

ምን ያህል ጊዜ

0-6 ዓረፍተ ነገር

1. _____ በሥራ ቦታ ጭንቀት ይሰማኛል::

በሥራ ቦታዎ ጭንቀት ተሰምቶዎት የማያዉቅ ከሆነ "ምን ያህል ጊዜ" ከሚለዉ ርዕስ በታች በዓረፍተ ነገሩ ፊት ለፊት ባለዉ ባዶ ቦታ ላይ "0"ን ይጻፉ:: አልፎ አልፎ በሥራ ቦታዎ ጭንቀት የሚሰማዎ ከሆነ (በዓመት ጥቂት ጊዜ ወይም ከዚያ ላነሰ ጊዜ) ባዶ ቦታዉ ላይ "1"ን ይጻፉ:: በሥራ ቦታዎ የሚሰማዎ የጭንቀት ስሜት መጠነኛ ከሆነ (በሳምንት ጥቂት ጊዜ ነገር ግን በየቀኑ ካልሆነ) ባዶ ቦታዉ ላይ "5"ን ይጻፉ::

ማስላክ የመሰላቸት መለኪያ- የሰብዓዊ አገልግሎቶች ዳሰሳ

ምን ያህል ጊዜ:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	ተሰምቶኝ አያውቅም	በዓመት ጥቂት ጊዜ ወይም ከዚያ ላነሰ ጊዜ	በወር አንዴ ወይም ከዚያ ላነሰ ጊዜ	በወር ጥቂት ጊዜ	በሳምንት አንዴ	በሳምንት ጥቂት ጊዜ	በየቀኑ

ምን ያህል ጊዜ

0-6 ዓረፍተ ነገር

1. _____ ከሥራዬ የተነሣ ስሜቴ ሙጥጥ ያለ መስሎ ይሰማኛል::

2. _____ በሥራዬ መጨረሻ ላይ ያለቅሁ (የተሟጠጥሁ) አይነት ስሜት ይሰማኛል::

3. _____ ጠዋት ከእንቅልፌ ተነስቼ ሌላ የሥራ ቀን እንደሚጋፈጥ (እንደሚጠብቀኝ) ሳስብ ድክም ይለኛል (አቅም አጣለሁ)::

4. _____ እኔ የሚንከባከባቸዉ ሰዎች ስለነገሮች የሚሰማቸዉን ስሜት በቀላሉ እረዳለሁ::

5. _____ የሚንከባከባቸዉን አንዳንድ ሰዎች ሰዉ እንዳልሆኑ ነገሮች (ስሜት አልባ እንደሆኑ ነገሮች) እንደሚቆጥራቸዉ ይሰማኛል::

6. _____ ቀኑን ሁሉ ከሰዎች ጋር መሥራት በእዉነት በእኔ ላይ ጫና ነዉ::

7. _____ የሚንከባከባቸዉን ሰዎች ችግሮች የሚቀርፋቸዉ እጅግ በብቃት ነዉ::

8. _____ ሥራዬ ስልችት እንዳደረገኝ ይሰማኛል::

9. _____ በሥራዬ አማካይነት በሌሎች ሰዎች ህይወት ላይ በጎ (አዎንታዊ) ተጽዕኖ እያሳደርጉ እንደሆነ ይሰማኛል::

10. _____ ይህን ሥራ ከጀመርኩ ወዲህ ልቤ በሰዎች ላይ እየጠነከረ (ርህራሄ እያጣ) ነዉ::

11. _____ ይህ ሥራ ስሜቴን እያደነደነዉ (እያጠነከረዉ) መሆኑ እያሳሰበኝ ነዉ::

12. _____ ከፍተኛ (እጅግ) አቅም እንዳለኝ ይሰማኛል::

13. _____ በሥራዬ ተስፋ መቁረጥ (ሥጋት) ይሰማኛል::

14. _____ ሥራዬ በጣም እያለፋኝ እንደሆነ ይሰማኛል::

15. _____ አንዳንድ የሚንከባከባቸዉ ሰዎችን የሚያጋጥሙ ነገሮችን በተመለከተ ደንታ የለኝም::

16. _____ ከሰዎች ጋር በቀጥታ (የሚያገናኝ ሥራ) መሥራት ከፍተኛ ጫና ይፈጥርብኛል::

17. _____ ከሚንከባከባቸዉ ሰዎች ጋር ሲሆን ዘና ያለ አካባቢ በቀላሉ መፍጠር እችላለሁ::

18. _____ ከሚንከባከባቸዉ ሰዎች ጋር በቅርበት ከሠራሁ በኋላ ከፍተኛ ደስታ ይሰማኛል::

19. _____ በዚህ ሥራዬ ዉስጥ ብዙ ዋጋ ያላቸዉ ነገሮችን አከናዉኛለሁ::

20. _____ በገመዴ ጫፍ ላይ እንደሆንኩ (ገመዴ ልቆረጥ እንደተቃረበ) ይሰማኛል::

21. _____ በሥራዬ ዉስጥ ስሜታዊ ችግሮችን የሚቀርፋቸዉ እጅግ በተረጋጋ ሁኔታ ነዉ::

22. _____ የሚንከባከባቸዉ ሰዎች ለአንዳንድ ችግሮቻቸዉ እኔን እንደሚወቅሱኝ ይሰማኛል::

7. Statement of Master Thesis Project from Metropolia

Helsinki Metropolia University of Applied Sciences

10.6.2013

Statement for the Erasmus Mundus Master's Degree Program in Emergency and Critical Care Nursing (EMECC) Master`s Thesis Project

The Erasmus Mundus Master programme in Emergency and Critical Care Nursing (EMECC) is the first international joint degree in advanced nursing available in Europe. The programme offers a highly specialized education in nursing, with an advanced perspective, focusing in two of the areas of the highest technological content and professional requirements: Emergency and Critical Care.

The EMECC is promoted by a consortium coordinated by the University of Oviedo (Spain) and counting with the partnership of the Helsinki Metropolia University of Applied Sciences (Finland), the University of Algarve and the Polytechnic Institute of Santarém (Portugal). The programme offers a 90 ECTS (one and a half year) Postgraduate course leading to an international joint degree and diploma supplement recognized by all the participating institutions.

By request we make a statement that Erasmus Mundus Master's Degree Program in Emergency and Critical Care Nursing (EMECC) student Yavello Yatasa`s Master`s Thesis Project has been carried through according to Erasmus Mundus Master's Degree Program in Emergency and Critical Care Nursing (EMECC) curriculum. Master`s Thesis Project Plan takes into account scientific and research ethical demands. Master`s Thesis Project is supervised by PhD, Head of Master`s degree programmes, Principal Lecturer Pauliina Mansikkamäki (e-mail: Pauliina.mansikkamaki@metropolia.fi) and PhD, Head of Master`s degree programmes Principal Lecturer Antti Niemi (e-mail: antti.niemi@metropolia.fi).

Pauliina Mansikkamäki

Head of Master`s degree programmes
Metropolia University of Applied Sciences
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+35840 714 5144
Pauliina.mansikkamaki@metropolia.fi
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Antti Niemi

Head of Master`s degree programmes
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www.metropolia.fi

Helsinki Metropolia University of Applied Sciences

8. Application letter to Addis Ababa City Administration Health Bureau

ቀን 26/10/2005

በአዲስ አበባ ከተማ አስተዳደር ጤና ቢሮ

ለህክምና አገልግሎቶች የሥራ ሂደት

አ.አ

ጉዳዩ፡-ለሚመለከታቸው ሆስፒታሎች የትብብር ደብዳቤ እንዲጻፍልኝ ስለመጠየቅ ይሆናል፡፡

እኔ ያቬሎ ናታዬ በፊንላንድ ሀገር በሄልስንኪ ሜትሮፖልያ ዩኒቨርስቲ የማስተርስ ድግሪዬን በነርሲንግ በማማር ላይ እገኛለው፡፡

የመመረቂያ ጽሁፌን ለማዘጋጀት "Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa" በሚል ርእስ ምርምር ለማካሄድ ፕሮፖዛል አዘጋጅቻለው፡፡

ምርምሩን ለማካሄድ የሚከተሉት ሆስፒታሎች ተመርጠዋል፡፡

- ኢትዮ ጠቢብ ሆስፒታል
- ግሩም ሆስፒታል
- ራስ ደስታ ሆስፒታል
- ዘውዲቱ ሆስፒታል
- ሚኒልክ ሆስፒታል
- ቤተዛታ ሆስፒታል
- ኮሪያ ሆስፒታልና
- ቤቱል ሆስፒታል

ስለዚህም ለእነዚህ ሆስፒታሎች የትብብር ደብዳቤ እንዲጻፍልኝ በትህትና ጠይቃለሁኝ፡፡

ከሰላምታ ጋር

ያቬሎ ናታዬ

9. Application to Federal Ministry of Health

ቀን 26/10/2005

በጤና ጥበቃ ሚኒስቴር

ለሜዲካል አገልግሎት ዳይሬክቶሬት

አ.አ

ጉዳዩ፡-ለሚመለከታቸው ሆሲፒታሎች የትብብር ደብዳቤ እንዲጻፍልኝ ስለመጠየቅ ይሆናል፡፡

እኔ ያቪሎ ናታዬ በፊንላንድ ሀገር በሄልሲንኪ ሜትሮፖልያ ዩኒቨሪስቲ የማስተርስ ድግሪዬን በነርሲንግ በማማር ላይ እገኛለው፡፡

የመመረቂያ ጽሁፌን ለማዘጋጀት "Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa" በሚል ርእስ ምርምር ለማካሄድ ፕሮፖዛል አዘጋጅቻለው፡፡

ምርምሩን ለማካሄድ የሚከተሉት ሆስፒታሎች ተመርጠዋል፡፡

- ኢትዮ ጠቢብ ሆስፒታል
- ቅዱስ ጳውሎስ ሆስፒታል
- ግሩም ሆስፒታል
- አማኑኤል ሆስፒታል
- ጥቁር አንበሳ ሆስፒታል
- ራስ ደስታ ሆሰፒታል
- ዘውዲቱ ሆስፒታል
- ቅዱስ ጴጥሮስ ሆስፒታል
- ሚኒልክ ሆስፒታል
- ቤተዛታ ሆስፒታል
- ኮሪያ ሆስፒታልና
- ቤቱል ሆስፒታል

ስለዚህም ለእነዚህ ሆስፒታሎች የትብብር ደብዳቤ እንዲጻፍልኝ በትህትና ጠይቃለሁኝ፡፡

ከሰላምታ ጋር

ያቪሎ ናታዬ

10. Permission letters from Federal Ministry of Health to Hospitals under it

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ
ሪፐብሊክ
የጤና ጥበቃ ሚኒስቴር

Federal Democratic Republic of
Ethiopia
Ministry of Health

ቀን 26/10/05
Date
ቁጥር ጤመሚ/11/44/385
Ref. No.

በጥቁር አንበሳ አጠቃላይ ስፔሻላይዝድ ሆስፒታል ለሆስፒታሉ ዋና ስራ አስኪያጅ
አዲስ አበባ

ጉዳዩ፡- ትብብር እንዲደረግ ስለመጠየቅ::

አቶ ያቬሉ ናታዬ የተባሉ በፊንላንድ ሃገር በሄልሲንኪ ሜትሮፖልያ ዩኒቨርስቲ የማስተርስ ድግሪያቸውን በነርሲንግ በመማር ላይ መሆናቸውን በመግለጽ የመመረቂያ ጽሁፋቸውን Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa በሚል ርእስ ምርምር ለመስራት ማሰባቸውን በመግለጽ ትብብር ይደረግላቸው ዘንድ በደብዳቤ ጠይቀውናል::

በዚህም መሰረት በሆስፒታላችሁ ሲመጡ ትብብር እንድታደርጉላቸው እንጠይቃለን::

ከሠላምታ ጋር

አቡርሃም እንደሻው መንግሥቱ (ዶ/ር)
የሜዲካል አገልግሎት ዳይሬክተሬት
ዳይሬክተር

ግልባጭ/

- ለሜዲካል ሰርቪስ ዳይሬክቶሬት
  ጤና ጥበቃ
- ለአቶ ያቬሉ ናታዬ
  ባሉበት

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የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ
ሪፐብሊክ
የጤና ጥበቃ ሚኒስቴር

Federal Democratic Republic of
Ethiopia
Ministry of Health

ቀን 26/12/05
Date
ቁጥር ሰመ/1/149/85
Ref. No.

ለአማኑኤል አእምሮ ስፔሻላይዝድ ሆስፒታል
አዲስ አበባ

ጉዳዩ፡- ትብብር እንዲደረግ ስለመጠየቅ፡፡

አቶ ያቬሎ ናታዬ የተባሉ በፊንላንድ ሃገር በሄልስንኪ ሜትሮፖልያ ዩኒቨርስቲ የማስተርስ ድግሪያቸውን በነርሲንግ በመማር ላይ መሆናቸውን በማለጽ የመመረቂያ ጽሁፋቸውን Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa በሚል ርእስ ምርምር ለመስራት ማሰባቸውን በመግለጽ ትብብር ይደረግላቸው ዘንድ በደብዳቤ ጠይቀውናል፡፡

በዚህም መሰረት በሆስፒታላችሁ ሲመጡ ትብብር እንድታደርጉላቸው እንጠይቃለን፡፡

ከሠላምታ ጋር

አብርሃም እንደሻው መንግሥቴ (ዶ/ር)
የሜዲካል አገልግሎት ዳይሬክቶሬት
ዳይሬክተር

ግልባጭ/

- ለሜዲካል ሰርቪስ ዳይሬክቶሬት
  ጤና ጥበቃ
- ለአቶ ያቬሎ ናታዬ
  ባሉበት

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Addis Ababa,
Ethiopia

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ
ሪፐብሊክ
የጤና ጥበቃ ሚኒስቴር

Federal Democratic Republic of
Ethiopia
Ministry of Health

ቀን 26/10/05
Date
ቁጥር ሚኒስ/1/44/385
Ref. No.

ለቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ሜዲካል ኮሌጅ
አዲስ አበባ

ጉዳዩ፡- ትብብር እንዲደረግ ስለመጠየቅ፡፡

አቶ ያቬሎ ናታዬ የተባሉ በፊንላንድ ሃገር በሄልስንኪ ሜትሮፖልያ ዩኒቨርስቲ የማስተርስ ድግሪያቸውን በነርሲንግ በመማር ላይ መሆናቸውን በመግለጽ የመመረቂያ ጽሁፋቸውን Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa በሚል ርእስ ምርምር ለመስራት ማሰባቸውን በመግለጽ ትብብር ይደረግላቸው ዘንድ በደብዳቤ ጠይቀውናል፡፡

በዚህም መሰረት በሆስፒታላችሁ ሲመጡ ትብብር እንድታደርጉላቸው እንጠይቃለን፡፡

ከሠላምታ ጋር

አብርሃም እንደሻው መንግሥቴ (ዶ/ር)
የሜዲካል አገልግሎት ዳይሬክቶሬት
ዳይሬክተር

ግልባጭ/

- ለሜዲካል ሰርቪስ ዳይሬክቶሬት
  ጤና ጥበቃ
- ለአቶ ያቬሎ ናታዬ
  ባሉበት

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Addis Ababa,
Ethiopia

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ
ሪፐብሊክ
የጤና ጥበቃ ሚኒስቴር

Federal Democratic Republic of
Ethiopia
Ministry of Health

ቀን 26/10/05
Date
ቁጥር ዳዐጠ/ዋ4/1385
Ref. No.

ለቅዱስ ጴጥሮስ ቲቢ ስፔሻላይዝድ ሆስፒታል
አዲስ አበባ

ጉዳዩ፡- ትብብር እንዲደረግ ስለመጠየቅ፡፡

አቶ ያቬሎ ናታዬ የተባሉ በፊንላንድ ሃገር በሄልሲንኪ ሜትሮፖልያ ዩኒቨርስቲ የማስተርስ ድግሪያቸውን በነርሲንግ በመማር ላይ መሆናቸውን በማለጽ የመመረቂያ ጽሁፋቸውን Levels of burnout and associated factors among nurses working at emergency and intensive care units in Addis Ababa በሚል ርእስ ምርምር ለመስራት ማሰባቸውን በመግለጽ ትብብር ይደረግላቸው ዘንድ በደብዳቤ ጠይቀውናል፡፡

በዚህም መሰረት በሆስፒታላችሁ ሲመጡ ትብብር እንድታደርጉላቸው እንጠይቃለን፡፡

ከሠላምታ ጋር

ለብርሃም እንደሻው መንግሥቱ (ዶ/ር)
የሜዲካል አገልግሎት ዳይሬክቶሬት
ዳይሬክተር

ግልባጭ/

- ለሜዲካል ሰርቪስ ዳይሬክቶሬት
  ጤና ጥበቃ
- ለአቶ ያቬሎ ናታዬ
  ባሉበት

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Ethiopia

11. Permission letters from Addis Ababa Health Bureau to Hospitals under it & Ethical clearance from its review Board

Reference A.A.H-B/38/227
Date 09/07/2013

The Addis Ababa City Administration Health Bureau

To Minilik Memorial Hospital
To Ras Desta Memorial Hospital
To Zewditu Memorial Hospital
To EthioTebib Hospital
To Grum Hospital
To Betezata Hospital
To Koria Hospital
To Bethel Hospital
Addis Ababa

Subject; Request to access Health Facilities to conduct approved research

This letter is to support Yavello Nataye to conduct research, which is titled as "levels of burnout and associated factors among Nurses working at emergency and intensive care units of Addis Ababa: A cross - sectional descriptive study.

The study proposal was duly reviewed and approved by Addis Ababa Health Bureau REC, the principal investigator is informed with a copy of this letter to report any changes in the study procedures and submit an activity progress report to the Ethical Committee as required.

Therefore we request the health facility staff to provide support to the principal investigator.

With Regards

W/ro Frie hailu
Secretary, Ethical Clearance committee

The Addis Ababa City Administration Health Bureau

Cc:- Yavello Nataye
Addis Ababa
Ethical Clearance Committee
Addis Ababa

Date: 27/10/05

ETHICAL REVIEW COMMITTEE

Tel: + 251 115 513911 P.O. Box 30738 Fax No. +251 115 515689

Research title;.

Principal Investigator; Yayehu Nataye

	CRITERIA/ITEM	RATING
1.	consent form Does the consent contain all the necessary information that the subject should be aware of?	☑Yes ☐Requires revision ☐No ☐ Not applicable ☐Not attached
2.	Are the objectives of the study clearly stated?	☑Yes ☐ No
3.	Are provisions to overcome risks well described and accepted? a. Justice b. Beneficence c. Respect for a person	☑Yes ☐No ☐Not well described ☐Not applicable
4.	Are the safety procedures in the use of vaccines, drugs and other biological Products acceptable?	☐Yes ☐No ☑Not applicable
5.	Are the procedures to keep confidentiality well described?	☑Yes ☐No ☐Not applicable
6.	Are the proposed researchers competent to carry out the study in a scientifically sound way?	☑Yes ☐No ☐Not applicable ☐Unable to assess
7.	Does it have material transfer agreement?	☐Yes ☐ No ☑Not applicable
8.	Recommendation	☐ Approved with condition ☑ Fully Approved ☐ Un Approved
9.	Remarks	

Ethical Clearance Committee Members;

Name	Signature
1. Dr Tadesse Ayalew	for
2. W/ro Frie Hailu	
3. W/ro Hana Kumssa	
4. Ato Tilahun Alemu	
5. Ato Dawit Tibebu	